

No. 98812

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 98812 Office of Registrar of Vital Statistics. Ward 8<sup>v</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. B

Date of Death, March 24 - 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Felene Mea

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 60 Years, 7 Months, - Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } -

Occupation, -

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, always

Place of Death, { Give Street and Number. } 14-1013 S Bidwell St

Cause of Death, { First (Primary), Diphtheria  
Second (Immediate), Septicemia }

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Texas Ballroom

Date of Burial, Mch 26<sup>th</sup>

{ Undertaker, M Caddigan }

{ Place of Business, 227 Mulberry St }

G. D. Hinterhofer

M. D.

Medical Attendant

Address, 25 S. Edensh

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98813

Office of Registrar of Vital Statistics.

Ward 6 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH. C.

Date of Death,

March 24 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Mathews

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 Years,

Months,

Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Germany

Duration of Residence in the City of Baltimore, 17 years

Place of Death, { Give Street and Number. } 125 N Castle St.

Cause of Death, { First (Primary),

Pericarditis

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphansas.

Date of Burial, Mar. 25 / 87

Undertaker, Frank Crach

Place of Business, 827 N Durhar Address,

J. H. Colleberg

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to LIST OF DISEASES on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98814

Office of Registrar of Vital Statistics.

Ward 1 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH. B

Date of Death,

March 23, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents.

Patrick J. Levy

Sex, Male or Female, { Cross out the word not required in this line.

Male

Age,

32 Years, 5 Months, Days.

Color,

White

Married, Single, Widow or Widower, { Cross out the words not required in this line.

Widower

Occupation,

Messenger

Birth Place, { State or country, and how long in the United States, if of foreign birth.

Baltimore City

Duration of Residence in the City of Baltimore,

One year

Place of Death, { Give Street and Number.

No. 246 Bank St.

Cause of Death, { First (Primary),

Second (Immediate),

Cholitis

Duration of Last Sickness,

One Month

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

M. H. Kelly M. D.

Date of Burial, Mar 25 '87

Medical Attendant.

Undertaker, M. Clarke & Sons

M. H. Kelly M. D.

Place of Business, P. O. Box

Address, 111 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98815

Office of Registrar of Vital Statistics.

Ward 5<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 23 '87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Elizabeth Glimmell

Sex, Male or Female; { Cross out the word not required in this line. }

Age, 61

Years,

Months,

Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Md. —

Duration of Residence in the City of Baltimore, 12 yrs —

Place of Death, { Give Street and Number. }

No. 243 Chestnut St.

Cause of Death, { First (Primary), Valvular disease of heart  
Second (Immediate), — }

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, E. Park Cemetery

Date of Burial, March 25<sup>th</sup> 1887

Undertaker, Geo. Pinchard

Alexander Hill

M. D.

Medical Attendant.

Place of Business, Health Office

Address,

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

# Health Department, City of Baltimore.

Permit No. 98816 Office of Registrar of Vital Statistics. Ward 20<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 24<sup>1887</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maggie Hall.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 10 Months, 24 Days

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 1 year 10 mos 24 days

Place of Death, { Give Street and Number. } Av 1221 Kilmore St

Cause of Death, { First (Primary). }

Second (Immediate),

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Mar 28<sup>1887</sup>

E. M. Reid M. D.

Medical Attendant.

Undertaker, Alex Hensley

Place of Business, 56 Orchard Street, 914 N. Grant St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 98817

Office of Registrar of Vital Statistics.

Ward 2 A

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Maggie Will

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

No. 1005 Eastern Ave

Cause of Death, { First (Primary), Second (Immediate), }

Premature Birth (7 months)

Inanition

Duration of Last Sickness,

All its life.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25<sup>th</sup> 1887

{ Undertaker, Fred. Goode

John H. Stearns M. D.  
Medical Attendant

{ Place of Business, S. Caroline St.

Address, Englewood

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John H. De Goy Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

# Health Department, City of Baltimore.

Permit No. 98818 Office of Registrar of Vital Statistics. Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, March 23<sup>d</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sara Plum

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 92 Years, Months, Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, { Give Street and Number. } Peter's Hospital

Cause of Death, { First (Primary), Secuity  Second (Immediate),  }

Duration of Last Sickness, — — — — —

All the above information should be furnished by the Physician.

Place of Burial Cemetery

Date of Burial, March 25

Undertaker,  M. D.

Place of Business, 626 W. Baltimore Street

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 98819

Office of Registrar of Vital Statistics.

Ward 1<sup>st</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

~~No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.~~

## CERTIFICATE OF DEATH.

Date of Death, 24<sup>th</sup>. March, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Caroline Meyer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 Years, 5 Months, 11 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Dressmaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Bayreuth, Bavary, Germany

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, { Give Street and Number. } Eastern Ave 2220

Cause of Death, { First (Primary), Second (Immediate) } Degeneratio renunc scirrhosa

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 26 1887

{ Undertaker, H. Sanders Son }

{ Place of Business, Canton ave }

William Henzel

M. D.

Medical Attendant.

Address, S. Wolpert, 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this page.

# Health Department City of Baltimore.

Permit No. 98820

Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

March 23-1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Fannie Watts

Sex, Male or Female, { Cross out the word not required in this line }

Age, 20 Years,

Months,

Color, White

Days.

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore city

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

1633 E. Monument St.

Inhalation of chloroform  
Paralysis of the heart-

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27-1884

Undertaker, W. G. Pickner

M. D.

E. Hall Riddige

Coroner

Place of Business, 221 Kentaw St. Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

No. 9882

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 9882 Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled and to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH. a

Date of Death,

March 22 87.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas M Gittings

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47

Years,

Months,

Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Drayman

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1833 Chen st

Cause of Death, { First (Primary), Heart disease  
Second (Immediate), Paralysis of Heart }

Duration of Last Sickness,

about 1/4 hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 27<sup>th</sup>

Undertaker, Mr J Schaeffer

M. D.

Medical Attendant.

Place of Business, 8 S Front St

New to book of May

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]